MULTIPLE DEPE ENT CLAIM FEE CALCULATION SHEET

1. 1

SERIAL NO.

10 1509, 290

APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICA

CLAIMS

	<u> </u>	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		 , 		ļ				51						
3	-	+-5-						52						
4	-	2						53 54	├					
5		105						55	 					
6		1						56						
7		I I		•				57						
8	<u> </u>	0	İ					58						
9	<u> </u>	0						59						
11		30						60						
12		6						62	 					
13		1						63						
14		1						64						
15	<u> </u>							65						
16		0						66						
17 18	 	(D)						67						
19	1	6						68						
20	1	1						70	 					
21	1	(1)						71					: 	
22		(D)						72						
23	1							73						
24	ļ							74						
25 26	 							75 76						
27	 		-					77						
28	 							78						
29								79						
30_								80						
31								81	ļ.					
32								82 83						
34	-							84						
35	i							85	-					
36							İ	86		1				
37							- [87						
38								88						
39 40	 			 -			ŀ	89 90						<u></u>
41							ŀ	91						
42							ţ	92						
43							į	93						
44								94						
45	 						ļ	95		‡				
46 47							ŀ	96 97						
47							ŀ	98		[-				
49			+				ŀ	99					-	
50								100						
TOTAL IND.	1	+		#		•		TOTAL IND.		₩.		#		#
TOTAL DEP	<i>a</i> 3	+		+	•	(=		OTAL DEP.		(-		(-
TOTAL CLAIMS	24		2				L	TOTAL CLAIMS						
PTO - 1360	(REV. 11/04)		_								IENT of CON Semark Office			